

GREAT AMERICAN  
INSURANCE

3/10/2020

New Heights Farm LLC II  
6241 Ransom St  
Zeeland, MI 49464

Policy Number: 1139526/1139527-2019  
Balance Due: \$97,913.00

Dear policyholder:

Great American Insurance (GAI) has agreed to your request for a payment plan for the balance due on your MPC1 policy. The following is an outline of the scheduled installments to be made. \*\*Please be advised that these payments are approximate; your account will continue to accrue interest until the balance has been paid in full. \*\* If the payment is not received or postmarked on or before the scheduled due date, this agreement will be considered in default and the entire balance will be due immediately. At that time, your name will be added to the Ineligible Tracking System with an ineligibility date of 03/15/20. If Great American Insurance processes any indemnity claim while any debt referred to in this agreement is still outstanding, the indemnity will not be paid to you, but will be applied as payment toward the next scheduled installment(s) against this debt. Please sign the form below and return it by 03/15/20.

		Current Balance:	\$97,913.00
<u>Due Date:</u>			
3/15/2020	\$30,000.00	Balance:	\$67,913.00
5/1/2020	\$10,200.00	Balance:	\$58,561.00
6/1/2020	\$10,200.00	Balance:	\$49,093.00
7/1/2020	\$10,200.00	Balance:	\$39,506.00
8/1/2020	\$10,200.00	Balance:	\$29,799.00
9/1/2020	\$10,200.00	Balance:	\$19,971.00
10/1/2020	\$10,200.00	Balance:	\$10,020.00 (plus interest)
11/1/2020	\$10,145.00	Balance	\$0.00

I accept the terms of this repayment agreement. The monthly payment must be received or postmarked on or before the scheduled due date. Payment may be paid online at [greatamericancrop.com](http://greatamericancrop.com) or by phone 800-341-5546

Signature: [Signature] Date: 3-10-20  
Signature: [Signature] Date: 3/10/2020

Rebecca Combs  
Great American Insurance  
Agency Collection Representative III  
513-763-8424  
513-246-0612 fax  
[recombs@gaig.com](mailto:recombs@gaig.com)

## Payment Information for:

Insured: **New Heights Farm** 6241 Ransom St  
 Policy Number: **1139526/113952** Zeeland, MI 49464  
 Type: **MPCI**

Send payments to:  
 Great American Insurance Company  
 Crop Division  
 3923 Solutions Center  
 Chicago, IL 60677

Premium \$91,089.00  
 - Payment/Loss Credit 0.00  
 + Interest 6,824.00  
 Amount due \$97,913.00

		Beginning Balance	Payment	Applied to Principal	Applied to Interest	Ending Balance	Additional Interest
Payment 1	3/15/2020	\$97,913.00	\$30,000.00	\$23,176.00	\$6,824.00	\$67,913.00 +	\$848.00
Payment 2	5/1/2020	\$68,761.00	\$10,200.00	\$9,352.00	\$848.00	\$58,561.00 +	\$732.00
Payment 3	6/1/2020	\$59,293.00	\$10,200.00	\$9,468.00	\$732.00	\$49,093.00 +	\$613.00
Payment 4	7/1/2020	\$49,706.00	\$10,200.00	\$9,587.00	\$613.00	\$39,506.00 +	\$493.00
Payment 5	8/1/2020	\$39,999.00	\$10,200.00	\$9,707.00	\$493.00	\$29,799.00 +	\$372.00
Payment 6	9/1/2020	\$30,171.00	\$10,200.00	\$9,828.00	\$372.00	\$19,971.00 +	\$249.00
Payment 7	10/1/2020	\$20,220.00	\$10,200.00	\$9,951.00	\$249.00	\$10,020.00 +	\$125.00
Payment 8	11/1/2020	\$10,145.00	\$10,145.00	\$10,020.00	\$125.00	\$0.00	

Please enclose remittance form with each payment

**PLEASE CALL 1-888-410-0468 FOR PAYOFF AMOUNT**  
**Payment 8 of 8 \$10,145.00**

**Payment Agreement**

Due Date: 11/1/2020  
 Insured: New Heights Farm LLC II  
 Policy Number: 1139526/1139527-2019

**Payment 7 of 8 \$10,200.00**

**Payment Agreement**

Due Date: 10/1/2020  
 Insured: New Heights Farm LLC II  
 Policy Number: 1139526/1139527-2019

**Payment 6 of 8 \$10,200.00**

**Payment Agreement**

Due Date: 9/1/2020  
 Insured: New Heights Farm LLC II  
 Policy Number: 1139526/1139527-2019

**Payment 5 of 8 \$10,200.00**

**Payment Agreement**

Due Date: 8/1/2020  
 Insured: New Heights Farm LLC II  
 Policy Number: 1139526/1139527-2019